

Customer Name		Customer Phone Number		Must Be Filled Out By Division Requesting Services						
Requesting Division/State		Job Submission Date		FUND	RCC	FRC				
Job Request Name(s) or File Name(s) - see below for mail jobs		Requested Due Date		FOR OFFICE USE ONLY						
PRINTING	No. of originals _____		PAPER	8 ½ x 11	<input type="checkbox"/>	ENVELOPES	#9 Bus. Reply	<input type="checkbox"/>	COLOR COPIES	
	No. of copies each page _____			8 ½ x 14	<input type="checkbox"/>		#10 No Window	<input type="checkbox"/>	8 ½ x 11 (1-sided)	_____
	One Color <input type="checkbox"/>	One Side <input type="checkbox"/>		11 x 17	<input type="checkbox"/>		#10 Open Window	<input type="checkbox"/>	8 ½ x 14 (1-sided)	_____
	Two Color <input type="checkbox"/>	Two Side <input type="checkbox"/>		12 x 18	<input type="checkbox"/>		#10 Poly Window	<input type="checkbox"/>	8 ½ x 11 (2-sided)	_____
	Three Color <input type="checkbox"/>	Head To Head <input type="checkbox"/>		14 x 20	<input type="checkbox"/>		7 ½ x 10 ½	<input type="checkbox"/>	8 ½ x 14 (2-sided)	_____
	Four Color <input type="checkbox"/>	Head To Foot <input type="checkbox"/>	Other _____	<input type="checkbox"/>	9 x 12	<input type="checkbox"/>	11 x 17 (1-sided)	_____		
				<input type="checkbox"/>	10 x 15	<input type="checkbox"/>	12 x 18 (1-sided)	_____		
				<input type="checkbox"/>	12 X 15 ½	<input type="checkbox"/>	11 x 17 (2-sided)	_____		
							12 x 18 (2-sided)	_____		
BINDERY	Cutting: Finished Size _____		Collate	<input type="checkbox"/>	Padding: 50 per pad		<input type="checkbox"/>	PROOFS		
	No. of Finished Pieces _____		Saddlestitch	<input type="checkbox"/>	100 per pad		<input type="checkbox"/>	PLATES		
	Fold: Head In <input type="checkbox"/>		Perfect Bound	<input type="checkbox"/>	Number	<input type="checkbox"/>	14 x 24		_____	
	Head Out <input type="checkbox"/>		Perforate	<input type="checkbox"/>	If Checked, What is Starting No.?	_____	Small		_____	
	Other _____						Large		_____	
	Drill For Three Ring Binder <input type="checkbox"/>						Copier Originals		_____	
MAILING	Number of mail pieces _____		Document(s) _____				PAPER			
	Number for office use _____						8 ½ x 11		_____	
	<div>Mail Enclosures</div> <div><input type="checkbox"/> Questionnaire</div> <div><input type="checkbox"/> Business Reply</div> <div><input type="checkbox"/> Letter</div> <div><input type="checkbox"/> Brochure</div> <div><input type="checkbox"/> Other _____</div>						8 ½ x 14		_____	
							11 x 17		_____	
							INDEX			
			Mailing Labels _____				8 ½ x 11		_____	
			Label Format _____				25 ½ X 30 ½		_____	
INSTRUCTIONS							MISCELLANEOUS			
							Business Cards		_____	
							Letterhead		_____	
							Printing Impressions		_____	
							Mailing Impressions		_____	
Designed By _____		Roamed By _____				Bindery Pieces		_____		
Date Notified _____		Printed By _____				Binding Strips		_____		
Received By _____		Date Received _____								